

Foster Family Home - Deficiency Report

Provider ID: 5-200049

Home Name: Jezzy Sokau, CNA

Review ID: 5-200049-3

3914 Lawehana Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 10/20/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 11/20/2021.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#3.

Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(4)- No completed [REDACTED] Disclosure Form on CG#2 and CG#3.

41.(b)(7)- CG#1's TB clearance expired on 3/17/2021 and no current result present; CG#3 without a TB clearance result.

41.(b)(8)- No CPR, First Aid, Blood borne and infection control training certification present for CG#3. CG#1 and CG#2 without a Blood borne pathogen and infection control training certification.

41.(c)- No Annual in services hours present for CG#3.

41.(g)- No Basic Skills Checklist present for CG#3 on Client #1.

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Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegations present for CG#2 on Client #1.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#2 and CG#3 without evidenced of having conducted a monthly fire drill.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2 and CG#3 without evidence of having had the CCFFH's Emergency Preparedness Plan training.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- Automobile Policy insurance in the CCFFH binder expired on 3/8/2021.

Foster Family Home Records [11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(4) Client's emergency management procedures;

54.(c)(5) Medication schedule checklist;

Comment:

54.(b)- No signatures present after each dated entries from October 1, 2021- October 19, 2021 on Client #1's progress/observation notes.

54.(c)(2)- Client #1's Service Plan incomplete- there was only the signature page (1st page) in client's chart- missing the other 7 pages.

54.(c)(4)- No Client's Emergency Management procedures present in Client #1's chart.

54.(c)(5)- Medication discrepancy noted for Client #1. There was one medication that was not transcribed in the client's Medication Administration Record (MAR).

Maibek Nakamine, RN *10/20/2021*

Compliance Manager

Date

Gregg

Primary Care Giver

10/20/2021

Date